

### EXHIBIT 63

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
<b>Recertification - Accredited JCAHO/AOA Hospitals - Short-Term Acute</b> (Includes Medical-Surgical Units)	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1514
Ownership and Control Interest Disclosure Statement	CMS-1513
<sup>x</sup> Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Accredited JCAHO/AOA Hospitals - Psychiatric</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1514
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
<sup>x</sup> Statement of Deficiencies and Plan of Correction - Health	CMS-2567
<sup>2</sup> Psychiatric Hospital Survey Report	CMS-1537A
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received, even if prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Statement of Intermediary Preference	--
<b>Recertification - Accredited JCAHO/AOA Hospitals - Psychiatric</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1514
Ownership and Control Interest Disclosure Statement	CMS-1513
<sup>x</sup> Statement of Deficiencies and Plan of Correction - Health	CMS-2567
<sup>2</sup> Psychiatric Hospital Survey Report (pp. 7-8)	CMS-1537A
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Hospitals - Short-Term Acute (Includes Medical-Surgical Units)</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1514
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - Health (with appropriate attachments)	CMS-1537E
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<sup>2</sup> Hospital Survey Report	CMS-1537
<sup>1/2</sup> Fire Safety Survey Report	CMS-2786A or F
<sup>2</sup> Survey Report Form (CLIA)	CMS-1557

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Laboratory Personnel Report (CLIA)	CMS-209
Blood Bank Inspection Checklist and Report (if applicable) (Form FDA 2609)	CMS-282
Utilization Review Plan - Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received, even if prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	---
<b><sup>3</sup> Recertification - Unaccredited Hospitals - Short-Term Acute (Includes Medical-Surgical Units)</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1514
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Health (with appropriate attachments)	CMS-1537E
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<sup>1/2</sup> Fire Safety Survey Report	CMS-2786A,C or F

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Blood Bank Inspection Checklist and Report (if applicable) (Form FDA 2609)	CMS-282
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Unaccredited Psychiatric Hospitals and Psychiatric Distinct Parts</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1514
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - Health (with appropriate attachments)	CMS-1537E
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<sup>2</sup> Psychiatric Hospital Survey Report	CMS-1537A
<sup>2</sup> Hospital Survey Report	CMS-1537
<sup>1/2</sup> Fire Safety Survey Report	CMS-2786A or F
<sup>2</sup> Survey Report Form (CLIA)	CMS-1557
Laboratory Personnel Report (CLIA)	CMS-209
Blood Bank Inspection Checklist and Report (if applicable) (Form FDA 2609)	CMS-282
Utilization Review Plan	--

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Send the following to the RO as soon as received, even if prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	--
Survey Team Composition and Workload Report	CMS-670
<b><sup>2</sup> Recertification - Unaccredited Psychiatric Hospitals and Psychiatric Distinct Parts</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1514
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Health (with appropriate attachments)	CMS-1537E
Crucial Data Extract - Life Safety Code	CMS-2786E
<sup>1/2</sup> Fire Safety Survey Report	CMS-2786A,C or F
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Blood Bank Inspection Checklist and Report (if applicable) (Form FDA 2609)	CMS-282
Survey Team Composition and Workload Report	CMS-670

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Initial Certification - CLIA Laboratories</b>	
Certification and Transmittal	CMS-1539
Clinical Laboratory Application	CMS-116
<a href="#"><sup>5</sup></a> Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
<a href="#"><sup>5</sup></a> Ownership and Control Interest Disclosure Statement	CMS-1513
<a href="#"><sup>2</sup></a> Survey Report Form (CLIA)	CMS-1557
Laboratory Personnel Report (CLIA)	CMS-209
Blood Bank Inspection Checklist and Report (if applicable) (Form FDA 2609)	CMS-282
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
Certification - Recommendation - CLIA Laboratory	CMS-197
<b>Recertification - CLIA Laboratories</b>	
Certification and Transmittal	CMS-1539
<a href="#"><sup>4</sup></a> Survey Report Form (CLIA) (cover page)	CMS-1557
Laboratory Personnel Report (CLIA)	CMS-209
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Laboratory (with appropriate attachments)	CMS-1557E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
Certification - Recommendation - CLIA Laboratory	CMS-197

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
<b>Advance Approval/Expansion - End-Stage Renal Disease Facilities</b>	
Certification and Transmittal	CMS-1539
ESRD Facility Survey Report	CMS-3427
Ownership and Control Interest Disclosure Statement	CMS-1513
Narrative Report Describing Services to be Provided	--
Certificate of Need in the States Where it is Required	--
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - End-Stage Renal Disease Facilities</b>	
Certification and Transmittal	CMS-1539
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Statement of Deficiencies and Plan of Correction	CMS-2567
<sup>2</sup> ESRD Facility Survey Report	CMS-3427
<sup>6</sup> Narrative Report Describing Services to be Provided	--
<sup>6</sup> Certificate of Need in the States Where it is Required	--
Survey Team Composition and Workload Report	CMS-670
<b>Expansion With No Survey - End-Stage Renal Disease Facilities</b>	
Certification and Transmittal	CMS-1539
Narrative Report Describing Services to be Provided	---
Certificate of Need in the States Where it is Required	---

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Recertifications - End-Stage Renal Disease Facilities</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Statement of Deficiencies and Plan of Correction	CMS-2567
<a href="#"><sup>6</sup></a> ESRD Facility Survey Report (page 2)	CMS-3427
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Home Health Agencies</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1515
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - HHA	CMS-1572E
Statement of Deficiencies and Plan of Correction	CMS-2567
<a href="#"><sup>6</sup></a> Home Health Agency Survey Report	CMS-1572
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572



<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Statement of Intermediary Preference	--
<b>Recertification - Home Health Agencies</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1515
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - HHA	CMS-1572E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Outpatient Physical Therapy - Speech Pathology</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1856
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - OPT-SP	CMS-1893E
Statement of Deficiencies and Plan of Correction	CMS-2567
<sup>2</sup> OPT-SP Survey Report	CMS-1893
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	---
<b>Recertification - Outpatient Physical Therapy - Speech Pathology</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1856
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - OPT-SP	CMS-1893E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Portable X-Ray</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1880
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - PX-R	CMS-1882E
Statement of Deficiencies and Plan of Correction	CMS-2567
<a href="#"><sup>2</sup></a> Portable X-Ray Survey Report	CMS-1882
Survey Team Composition and Workload Report	CMS-670

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Recertification - Portable X-Ray</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-1880
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - PX-R	CMS-1882E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Rural Health Clinics</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-29
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - RHC	CMS-30E
Statement of Deficiencies and Plan of Correction	CMS-2567
<sup>2</sup> Rural Health Clinic Survey Report	CMS-30
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561a
Title VI form (and applicable attachments)	HHS-441
Request to Establish Eligibility	CMS-29

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Recertification - Rural Health Clinics</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-29
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - RHC	CMS-30E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Comprehensive Outpatient Rehabilitation Facilities</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-359
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - CORF	CMS-360E
Statement of Deficiencies and Plan of Correction	CMS-2567
<a href="#"><u>2</u></a> CORF Survey Report	CMS-360
Survey Team Composition and Workload Report	CMS-670
Send the following the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Statement of Financial Solvency	CMS-2572
<b>Recertification - Comprehensive Outpatient Rehabilitation Facilities</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-359
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - CORF	CMS-360E
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Independent Physical Therapists</b>	
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
<a href="#"><u>2</u></a> Physical Therapists in Independent Practice Survey Report	CMS-3042
Request for Certification	CMS-262
Survey Team Composition and Workload Report	CMS-670
Above documents listed are required for initial and recertification packets. Omit request for certification on relocation survey packets.	
Medicare General Enrollment Health Care Provider/Supplier Application (only required for initial certifications)	CMS-855

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
<b>Emergency Hospitals</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1514
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Ambulatory Surgical Centers</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-377
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Crucial Data Extract - ASC	CMS-378E
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction --Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<a href="#">2</a> Ambulatory Surgical Center Survey Report	CMS-378
<a href="#">2</a> <a href="#">8</a> Fire Safety Survey Report	CMS-2786H
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-370
Title VI form (and applicable attachments)	HHS-441

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
<b>Recertification - Ambulatory Surgical Centers</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (By Surveyor)	CMS-377
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - ASC	CMS-378E
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<a href="#"><u>2</u></a> <a href="#"><u>8</u></a> Fire Safety Survey Report	CMS-2786H
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Hospices</b>	
Hospice Request for Certification in the Medicare Program	CMS-417
Certification and Transmittal	CMS-1539
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
<a href="#"><u>2</u></a> Hospice Survey Report	CMS-449
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572
<b>Freestanding</b> - in addition to the forms noted above, freestanding hospices require:	
<a href="#"><u>2</u></a> Freestanding Hospice Survey Report	
<a href="#"><u>1/2</u></a> Fire Safety Survey Report	CMS-2786A or F
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<b>Recertification - Hospices</b>	
Certification and Transmittal	CMS-1539
Hospice Request for Certification (By Surveyor)	CMS-417
Ownership and Control Interest Disclosure Statement	CMS-1513
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Freestanding</b> - in addition to the forms noted above, freestanding hospices with inpatient units require:	
<a href="#"><u>1/2</u></a> Fire Safety Survey Report	CMS-2786A or F
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<b>Initial Certification - Title XVIII Skilled Nursing Facilities</b>	
Certification and Transmittal	CMS-1539
Medicare General Enrollment Health Care Provider/Supplier	CMS-855



<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Application	
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
<b>Skilled Nursing Facility and Nursing Facility</b>	
Long-Term Care Facility Application for Medicare and Medicaid	CMS-671
Resident Census and Conditions of Residents	CMS-672
Extended/Partial Extended Survey Worksheet	CMS-673
Resident Rights and Quality of Life:	CMS-674
Individual Interview Guide Resident Rights and Quality of Life: Family	CMS-674A
Interview Guide Resident Rights and Quality of Life: Group Interview Guide	CMS-675
Quality of Care Assessment Worksheet	CMS-676
Quality of Care Assessment Worksheet, MDS+	CMS-676A
Medication Pass Worksheet	CMS-677
Environmental Quality Assessment Worksheet	CMS-678
Dietary Services System Worksheets	CMS-679A,B,C
Closed Records Discharge Review Worksheet	CMS-680
Surveyor Notes Worksheet	CMS-681

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Resident Roster	CMS-682
<a href="#">1/2</a> Fire Safety Survey Report	CMS-2786A B, or F
Waiver (if applicable)	--
Utilization Review Plan	
Survey Team Composition and Workload Report	CMS-670
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Title VI form (and applicable attachments)	HHS-441
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	--
<b>Recertification - Title XVIII Skilled Nursing Facilities</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
<a href="#">1/2</a> Fire Safety Survey Report	CMS-2786A B, C,

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
	or F
Survey Team Composition and Workload Report	CMS-670
<b>Initial Certification - Title XIX Nursing Facilities</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Life Safety Code	CMS-2586E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
Skilled Nursing Facility and Nursing Facility Long-Term Care Facility Application for Medicare and Medicaid	CMS-671
Resident Census and Conditions of Residents	CMS-672
Extended/Partial Extended Survey Worksheet	CMS-673
Resident Rights and Quality of Life: Individual Interview Guide	CMS-674
Resident Rights and Quality of Life: Family Interview Guide	CMS-674A
Resident Rights and Quality of Life: Group Interview Guide	CMS-675
Quality of Care Assessment Worksheet	CMS-676
Quality of Care Assessment Worksheet, MDS+	CMS-676A
Medication Pass Worksheet	CMS-677
Environmental Quality Assessment Worksheet	CMS-678
Dietary Services System Worksheets	CMS-679A,B,C

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Closed Records Discharge Review Worksheet	CMS-680
Surveyor Notes Worksheet	CMS-681
Resident Roster	CMS-682
<a href="#">1/2</a> Fire Safety Survey Report	CMS-2786A B, or F
Survey Team Composition and Workload Report	CMS-670
SNF XIX-only: If waivers are requested (Health or LSC), forward two copies of the waiver recommendation and the applicable survey report prior to sending the survey packet.	
<b>Recertification - Title XIX Nursing Facilities</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Life Safety Code	CMS-2586E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report	
<a href="#">1/2</a> Fire Safety Survey Report	CMS-2786A B, or F
Survey Team Composition and Workload Report	CMS-670

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
SNF XIX-only: Waiver requests (Health or LSC) must come in prior to the survey packet.	
<b>Recertification - Medicare Skilled Nursing Facilities While Subject to Denial of Payments for New Admissions</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
NOTE: Plan of correction may or may not be submitted by the provider.	
Statement of Deficiencies and Plan of Correction - Life Safety Code	CMS-2567
<sup>1</sup> Fire Safety Survey Report	CMS-2786A,B,C, or F
Survey Team Composition and Workload Report	CMS-670
<b>Revisit After Credible Allegation - Medicare Skilled Nursing Facilities While Subject to Denial of Payments for New Admissions</b>	
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)	CMS-2567
Post-Certification Revisit Report (for deficiencies found to have been corrected)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Recertification - Medicaid-Only Nursing Facilities While Subject to Denial of Payments for New Admissions</b>	
Certification and Transmittal	CMS-1539
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
NOTE: Plan of Correction may or may not be submitted by the provider.	
Statement of Deficiencies and Plan of Correction - Life Safety Code	CMS-2567
Fire Safety Survey Report <sup>1</sup>	CMS-2786 A, B, C, or F
(The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report)	
Survey Team Composition and Workload Report	CMS-670
<b>Revisit After Credible Allegation - Medicaid-Only Nursing Facilities While Subject to Denial of Payments for New Admissions</b>	
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)	CMS-2567
Post-Certification Revisit Report (for deficiencies found to have been corrected)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
<b>Initial Certification - Intermediate Care Facilities for the Mentally Retarded</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1516
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Health	CMS-3070BE
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
<sup>2</sup> Institutions of Mentally Retarded or Persons with Retarded Conditions Survey Report	CMS-3070B
<sup>1/2</sup> Fire Safety Survey Report for each building	CMS-2786A
involved, or for each construction type for any	or F
building having more than one construction type	
<sup>9</sup> Life Safety Code Waivers	--
Listing of QMRPs with Qualifications	--
Direct Care Staffing Information - Individual Units	--
Description of Living Units	--
Map of Campus Which Identifies Each Resident Living Unit - Survey Team Composition and Workload Report	CMS-670
<b><sup>9</sup> Recertification - Intermediate Care Facilities for the Mentally Retarded</b>	
Certification and Transmittal	CMS-1539

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Request to Establish Eligibility (By Surveyor)	CMS-1516
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Health	CMS-3070BE
Crucial Data Extract - Life Safety Code	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Listing of QMRPs with Qualifications	--
Direct Care Staffing Information - Individual Units	--
Description of Living Units	--
Survey Team Composition and Workload Report	CMS-670
<b>1861(j)(l) Certifications</b>	
Certification and Transmittal - Spell of Illness, 1861(j)(1) Supplement	CMS-1539A
1861(j)(1) Determinations - Computation of Nurse to Resident Ratio Form	--
<a href="#"><sup>2</sup></a> Intermediate Care Facility Survey Report (page 24)	CMS-3070
Survey Team Composition and Workload Report	CMS-670
<b>Post-Certification Revisit Report - All Facilities Except Long-Term Care</b>	
Post-Certification Revisit Report - Health (if applicable)	CMS-2567B
Post-Certification Revisit Report - LSC (if applicable)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670



<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b>Post Certification Revisit Report with Amended CMS-1539</b>	
Certification and Transmittal	CMS-1539
Post-Certification Revisit Report - Health (if applicable)	CMS-2567B
Post-Certification Revisit Report - LSC (if applicable)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670
<b>Addition and/or Deletion of Services</b>	
Certification and Transmittal	CMS-1539
Medicare General Enrollment Health Care	
Provider/Supplier Application	CMS-855
Appropriate Request to Establish Eligibility (By Surveyor)	--
Statement of Deficiencies and Plan of Correction (if applicable);	CMS-2567
Survey Team Composition and Workload Report	CMS-670
<b>Address and/or Name Change</b>	
Medicare Change of Information Health Care	CMS-855C
Provider/Supplier Application Certification and Transmittal	CMS-1539
<b>Change of Ownership - Title XVIII or XVIII-XIX Providers</b>	
Certification and Transmittal	CMS-1539
<sup>10</sup> Health Insurance Benefit Agreement (signed originals)	CMS-1561

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<a href="#"><u>10</u></a> Title VI form (and applicable attachments)	HHS-441
<a href="#"><u>10</u></a> Statement of Financial Solvency	CMS-2572
Request to Establish Eligibility (for applicable provider)	--
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
<a href="#"><u>11</u></a> Long Term Care Facility Application for Medicare and Medicaid	CMS-671
<b>Change of Ownership - Providers - Title XIX Nursing Facilities</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility	CMS-1516
Long Term Care Facility Application for Medicare and Medicaid	CMS-671
Ownership and Control Interest Disclosure Statement	CMS-1513
Survey Team Composition and Workload Report	CMS-670
<b>Change of Ownership - Suppliers</b>	
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (for applicable supplier)	--
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
Survey Team Composition and Workload Report	CMS-670
<b>General Complaint</b>	
Medicare/Medicaid/CLIA Complaint Form	CMS-562

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
Narrative Report	
Statement of Deficiencies and Plan of Correction (if applicable)	CMS-2567
Portions of: Health or Fire Safety Code Survey Report (as applicable)	
Survey Team Composition and Workload Report	CMS-670
<b>Accredited Hospital Complaint/Validation</b>	
Certification and Transmittal	CMS-1539
Medicare/Medicaid/CLIA Complaint Form	CMS-562
Authorization by Accredited Hospital to Disclose JCAHO/AOA Accreditation Survey	CMS-2674
Crucial Data Extract - Health (if applicable)	CMS-1537E
Crucial Data Extract - Life Safety Code (if applicable)	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health (if applicable)	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC (if applicable)	CMS-2567
Narrative Report (Complaints)	--
<sup>2</sup> Hospital Survey Report (applicable parts for partial complaints surveys)	CMS-1537
Fire Safety Survey Report (if applicable)	CMS-2786A, B, or F
Survey Team Composition and Workload Report	CMS-670
Follow-up reports on hospitals under SA monitoring should contain the following:	

LIST OF DOCUMENTS IN CERTIFICATION PACKET	
Title	Form Number
Certification and Transmittal (Item 11 completed with either box 2 or box 4 checked)	CMS-1539
Post-Certification Revisit Report	CMS-2567B

## Notes

<sup>1</sup> If FSES is applied, the following are needed: Form CMS-2786D or G for all zones, table 8 for entire facility. **Do not** send LSC survey report to RO if it is a Form CMS-2786A or F, **and** no use of FSES or waivers.

<sup>2</sup> As required by §2720 of the “State Operations Manual.”

<sup>3</sup> Hospitals not in compliance, RN waiver requests, and hospitals no longer accredited-- Send complete survey reports.

<sup>4</sup> If there is a change in name, address, ownership, or services at the time of recertification, send in the same information as for an initial certification.

<sup>5</sup> The Form CMS-855 is only to be completed for laboratories that participate in Medicare. If a laboratory does not participate in Medicare, the laboratory will complete the Form CMS-1513.

<sup>6</sup> Only if these documents have not been sent in with the request for advance approval.

<sup>7</sup> Needed only if expansion of services or stations done at time of recertification.

<sup>8</sup> If a waiver of a LSC item is requested, send Form CMS-2786H and all necessary documentation.

<sup>9</sup> When a waiver is granted for the first time, send in the complete Fire Safety Report. Subsequent requests for approval of the same waiver require submittal of only page 1 of Fire Safety Report.

<sup>10</sup> Send in as soon as available.

<sup>11</sup> Required for skilled nursing facilities and nursing facilities only.